2006

## IDAHO SUPPLEMENTAL SCHEDULE For Form 43, Nonresident and Part-Year Resident Returns Only F 39 TC39NR1 8-04-06

For	r calendar year 2006, or fiscal year beginning, ending				
Name	e(s) as shown on return	Soci	Social Security Number		
Α.	Additions. See instructions, page 24.	Column A - Total	Column B - Ida	aho	
	Non-Idaho state and local bond interest and dividends	00		00	
	Idaho college savings account withdrawal	00		00	
	Bonus depreciation. Attach computations.	00		00	
	4. Other additions. Attach explanation. 4	00		00	
	5. Total additions. Add lines 1 through 4. Enter on line 31, Form 43.	00		00	
В.	Subtractions. See instructions, page 25.				
	Idaho net operating loss carryover				
	Idaho net operating loss carryback Enter total here 1	00	///////////////////////////////////////	00	
	State income tax refund included in line 30, Column A, Form 43	00			
	3. Interest from U.S. Government obligations	00		00	
	4. Child/dependent care. Attach federal Form 2441 or 1040A, Schedule 2	00	///////////////////////////////////////	00	
	5. Social security and railroad benefits included in line 30, Column A, Form 43	00	<del></del>		
	6. Idaho capital gains deduction. Attach Form CG	00		00	
	7. Idaho resident - Active duty military pay earned outside of Idaho	- 00	•	00	
	Idaho medical savings account - contributions and interest.	00		00	
	Financial institution Account number8	00		00	
	9. Idaho college savings program	00		00	
	10. Adoption expenses	00		00	
	The Maintaining a nome for the ages and/or developmentally disables	00		00	
	realistic re		-	00	
		00	4	00	
	14. Worker's compensation insurance       14         15. Partner's and shareholder's pass-through subtractions       15	00		00	
	16. Insulation of Idaho residence	00		00	
	17. Technological equipment donation	00		00	
	18. Health insurance premiums	00		00	
	19. Long-term care insurance 19	00		00	
	20. Alternative energy device deduction.				
-	Year				
	Acquired Type of Device Total Cost Percent				
	a. 2006	00		00	
	b. 2005 \$ X 20% = 20b	00		00	
	c. 2004 \$ X 20% = 20c	00		00	
	d. 2003 \$ X 20% = 20d	00		00	
	e. Add lines 20a through 20d	00	-	00	
2	21. Add lines 1 through 19 and 20e	00		00	
4	22. Retirement benefits deduction.  a. If single enter \$24,636, if married filing initity enter \$36,954	00	<i></i>	<u> </u>	
	a. If single enter \$24,636, if married filing jointly enter \$36,954. 22b	00	See instruction	ns,	
	c. Social Security benefits received 22c	00	page 23, 101	ment	
	d. Balance. Line 22a minus lines 22b and 22c. If less than zero, enter zero	00	benefits to be		
	e. Qualified retirement benefits included in federal gross income	00	Included on III	nes	
	f. Column A benefits. Smaller of line 22d or line 22e	00			
				00	
	2 2 2 2 3			%	
	i. Column B benefits deduction. Multiply line 22f by line 22h			00	
2	23. Nonresident military pay included in line 30, Column A, Form 43 23	00			
	24. Bonus depreciation. Attach computations	00	-	00	
	25. Other subtractions. Attach explanation	00		00	
2	26. Total subtractions. Column A, add lines 21, 22f, 23,24, and 25.				
	Column B, add lines 21, 22i, 24, and 25. Enter on line 33, Form 43.	00	•	00	

Name(s) as shown on return							Social Security Number		
		x Paid to Other States by claim this credit. Idaho re							
2 3 4 5 6 7 8 9 10 <b>D. C</b>	2. Other state's adjusted a Amount of income to be a lidaho tax, line 45, Fo be be line 3 by line a Multiply line 4 by line a Divide line 3 by line be be be line 3 by line a Divide line 3 by line be line 7 by line a line 8 be line 9 be line	ne from line 34, Column B, ed income	ed by another state	7 8	00 % % 5	income separat for each a credit	a copy of th tax return and e Form 39Ni state for whic is claimed.	la IR	
1 2 3 4 5	Idaho tax, line 45, Form 43		Form 43	2 3 4		income separat for each a credit	ttach a copy of the come tax return and eparate Form 39N or each state for which credit is claimed.		
1 2	<ul> <li>Developmental Disa</li> <li>Did you maintain a h one-half of his/her su</li> <li>Did you maintain a h provide more than or lf you answered YES</li> <li>List each family men</li> </ul>	e for a Family Member A bility. See instructions ome for an immediate famil upport? You and your spous ome for an immediate famil ne-half of his/her support? So to either question, complember you are claiming:  amily Member Last Name	, page 31.  y member age 65 or older se do not qualifyy member with a developm You and your spouse may	and provide mo	r With a pre than and Person Date of	Yes  Yes  Of Birth of Member	No No Check here if developmental disabled		
4		d (\$100 for each qualifying r m 43. (Credit cannot be cla			: B,			00	